

**ADULT FAMILY-CARE HOME
RESIDENCY AGREEMENT**

I, _____, the Adult Family-Care Home (AFCH) Provider, hereby agrees to the following terms and conditions for the admission of _____, as a Resident who requires the type of care provided by this Adult Family-Care Home.

Services: The Provider shall provide room and board, housekeeping, general supervision, health monitoring, arrangement for transportation to health care services, and the following:

Assistance with:

Ambulation Dressing Grooming Bathing Toileting

Assistance with Medications

Medication Administration

Provision of a Special Diet

Other Service (describe service and how the service will be provided) _____

Charges: The cost of care will be \$ _____ per Day per Week per Month

No other charges will be made except pursuant to a schedule attached to this agreement and signed by both parties. The resident will be given notice at least **30** days before a rate increase.

Bed Hold Policy: If agreed to by the resident, the provider shall continue to charge the agreed upon rate until the provider receives notification, in writing, that the resident will not be returning to the home, unless the resident's physical or mental condition prevents the resident from giving notification and the resident does not have a representative to act on the resident's behalf.

Yes, please hold a bed.

No, do not hold a bed.

Discharge: This residency agreement may be terminated by either party after receipt of a 30-

day written notice of discharge or intent to vacate, stating the reasons for the transfer or discharge, except that the residency agreement may be terminated without a 30-day written notice if: (a) the resident's health (including mental health) requires immediate relocation; (b) the resident's conduct is harmful or offensive to others; or (c) the AFCH has lost or voluntarily surrendered its license.

Refund Policy: A prorated refund for any unused portion of payment, less any charges for damages resulting from circumstances other than normal use caused by the resident before the transfer or discharge, shall be paid within 45 days of receipt of a written notice of discharge or termination, or 15 days after the resident vacates the premises, whichever occurs last. A list of damages, including costs, shall be documented and provided to the resident by the provider.

AFCH Provider

Date

Resident/Guardian/Representative

Date